



Permit # \_\_\_\_\_

# City of Milton BUILDING PERMIT APPLICATION

Building Department  
1000 Laurel Street  
Milton, WA 98354  
Phone: 253-922-8738  
Fax: 253-922-3466  
[www.cityofmilton.net](http://www.cityofmilton.net)

## #1 (Please check all that apply)

\_\_\_\_\_ Building      \_\_\_\_\_ Mechanical      \_\_\_\_\_ Plumbing      \_\_\_\_\_ Re-roof  
\_\_\_\_\_ Fire Alarm      \_\_\_\_\_ Fire Sprinkler      \_\_\_\_\_ Demolition      \_\_\_\_\_ Fence      \_\_\_\_\_ Other

## #2 - SITE LOCATION

Site Address: \_\_\_\_\_  
Tax Parcel Number: \_\_\_\_\_ County: \_\_\_\_\_

## #3 - TYPE OF WORK

Building Use Classification: \_\_\_\_\_

## #4 - BUILDING PERMIT INFORMATION

Description of work to be done: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Value of Construction (including Labor & Material): \$ \_\_\_\_\_  
Tenant Number/Name (Location/Bldg/Unit/Floor/Suite Designation): \_\_\_\_\_  
Gross Building Square Footage of Project: \_\_\_\_\_

## #6 - PROPERTY OWNER

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## #7 - CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
State Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
City Business License #: \_\_\_\_\_ UBI#: \_\_\_\_\_

## #7 - DESIGN PROFESSIONAL (Architect/Engineer)

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

## #8 - CONTACT PERSON (This person is designated to receive all project communications)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

OVER →

UPDATED: Sept 2021

**#9 - BUILDING PERMIT**      **Commercial**       **Residential**

(Circle one below)

|                    |                 |                   |               |                                |                      |              |
|--------------------|-----------------|-------------------|---------------|--------------------------------|----------------------|--------------|
| <b>New</b>         | <b>Addition</b> | <b>Alteration</b> | <b>Repair</b> | <b>Tenant Improvement</b>      | <b>Change of Use</b> | <b>Fence</b> |
| Occupancy:         | _____           |                   |               | Gross Building Square Footage: | _____                |              |
| Use:               | _____           |                   |               | Height:                        | _____                |              |
| Construction Type: | _____           |                   |               | Stories:                       | _____                |              |
| Change of Use:     | _____           |                   |               | Occupant Load:                 | _____                |              |
| Zone:              | _____           |                   |               |                                |                      |              |

Fence: Height and Material Used \_\_\_\_\_

**The City does not take responsibility for confirming the location of the fence on private property. It is the owner's responsibility to confirm their property boundaries and fence placement. Initials** \_\_\_\_\_

**#10 - MECHANICAL PERMIT (New, Replacement or Relocated)**      **Gas**       **Elec**       **Other**

|                                |                 |                         |                 |
|--------------------------------|-----------------|-------------------------|-----------------|
|                                | <b>Quantity</b> |                         | <b>Quantity</b> |
| Forced-Air Furnace:            | _____           | Air Handler:            | _____           |
| Floor Furnace:                 | _____           | Vent / Single Duct:     | _____           |
| Suspended Heater:              | _____           | Vent System:            | _____           |
| Appliance Vents:               | _____           | Vent Commerical Hood:   | _____           |
| Repair of Misc. Equipment:     | _____           | Other Mechanical Units: | _____           |
| Compressor <= 15hp/500k Btu/h: | _____           | Fuel Tanks:             | _____           |
| Compressor > 15hp/500k Btu/h:  | _____           | Piping System Outlets:  | _____           |

**\*Must meet Washington State Requirements (Provide Efficiency Rating of all Heating, Cooling and Domestic Water Heating Equipment)**

**Base Mechanical Fee:** \_\_\_\_\_

**#11 - PLUMBING PERMIT (New, Replacement or Relocated)**

|                               |                 |                                 |                 |
|-------------------------------|-----------------|---------------------------------|-----------------|
|                               | <b>Quantity</b> |                                 | <b>Quantity</b> |
| Plumbing Fixture:             | _____           | Landscape Sprinkler System:     | _____           |
| Building Sewer:               | _____           | Vaccum Breakers:                | _____           |
| Rainwater Systems:            | _____           | Backflow 2-Inches:              | _____           |
| Private Sewage:               | _____           | Backflow Greater than 2-Inches: | _____           |
| Water Heater:                 | _____           | Graywater System:               | _____           |
| Industrial Waste Interceptor: | _____           | Medical Gas Piping:             | _____           |
| Water Piping:                 | _____           | Other Plumbing:                 | _____           |
| Drainage or Vent Piping:      | _____           | <b>Base Plumbing Fee:</b>       | _____           |

**#12 - FIRE PERMIT (Fire Alarm, Fire Sprinkler and Other Fixed Fire Extinguishing System)**

|                                       |       |                   |       |
|---------------------------------------|-------|-------------------|-------|
| Fire Sprinkler System                 | _____ | Number of Heads   | _____ |
| Fire Alarm                            | _____ | Number of Devices | _____ |
| Other Fixed Fire Extinguishing System | _____ |                   |       |

**#13 - DEMOLITION PERMIT**

|   |                     |   |
|---|---------------------|---|
| Asbestos Survey Report                      | _____ (Attach Copy) | Erosion & Sediment Control (ESC ) Requirements for Demo Permits |
| Puget Sound Clean Air Agency (PSCAA) Report | _____ (Attach Copy) | (Applicant Must Sign)   |

**#14 - NOTICES**

- I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.
- Contact the Washington State Dept of Commerce Lead Paint Program at (360)586-5323 or visit [www.commerce.wa.gov/lead](http://www.commerce.wa.gov/lead) or email the lead program [lbpinfo@commerce.wa.gov](mailto:lbpinfo@commerce.wa.gov) before renovating or remodeling activities in pre-1978 residential buildings or child occupied facilities to ensure your compliance with applicable Washington State lead regulations.

|   |             |
|---|-------------|
| <b>Signature of Owner/Contractor/Authorized Agent</b> | <b>Date</b> |
|---|-------------|



